

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012180</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 05/22/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>RITTENHOUSE SENIOR LIVING OF MICHIGAN CITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4300 CLEVELAND RD MICHIGAN CITY, IN 46360</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on 3/25/14.</p> <p>Survey date: May 22, 2014</p> <p>Facility number: 012180 Provider number: 012180 AIM number: N/A</p> <p>Survey team: Heather Tuttle, R.N. T.C. Cynthia Stramel, R.N.</p> <p>Census bed type: 122 Residential 122 Total</p> <p>Census payor type: 122 Other 122 Total</p> <p>Sample: 4</p> <p>Rittenhouse Senior Living of Michigan City was found to be compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey.</p> <p>Quality review completed on May 23, 2014 by Jodi Meyer, RN</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE